

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	19						TOTAL DEP.		
TOTAL CLAIMS	20						TOTAL CLAIMS		

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS